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## APPLICANTS

Karel F.A.A. Smits, Munstergeleen, NETHERLANDS;

Jean J.G. Rutten, Bocholtz, NETHERLANDS;  
 Paulus G. Adams, Munstergeleen, NETHERLANDS;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY NETHERLANDS	SHEETS  DRAWING 6	TOTAL  CLAIMS 25	INDEPENDENT  CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

27581  
 MEDTRONIC, INC.  
 710 MEDTRONIC PARKWAY NE  
 MS-LC340  
 MINNEAPOLIS , MN  
 55432-5604

## TITLE

Method and apparatus for imparting curves in implantable elongated medical instruments

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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